



Water Resources Program
Application for a Water Right Permit

For Ecology Use
(Date Stamp)

RECEIVED

SEP 15 2011

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

☐ SURFACE WATER ☐ GROUND WATER ☐ PERMANENT

☒ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name:	Phone No:	Other No:
<u>SELLAND Construction, Inc.</u>	<u>509 662 7119</u>	
Address:		
<u>1285 S. Wenatchee Avenue</u>		
City:	State:	Zip:
<u>Wenatchee</u>	<u>WA</u>	<u>98809-0119</u>
Email Address (optional):		

Contact Name (if different from above):	Phone No:	Other No:
<u>William Thomson Jason GALT</u>	<u>509 421 4150</u>	
Relationship to Applicant:		
<u>MANAGER</u>		
Address:		
<u>SAME AS ABOVE</u>		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use:	Phone No:	Other No:
<u>William Thomson</u>	<u>509 763 9052</u>	
Address:		
<u>18001 Winton Road</u>		
City:	State:	Zip:
<u>LEAVENWORTH</u>	<u>WA</u>	<u>98826</u>
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project:

Propose to use water for dust control and compaction during construction of a WSDOT road improvement project

Anticipated length of time to complete your project: _____

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
<u>Dust Control</u>		<u>50 GPM</u>	<u>3.5 AF/yr</u>	<u>SEASONAL</u>
<u>Compaction</u>		<u>50 GPM</u>	<u>1.0 AF/yr</u>	<u>SEASONAL</u>
TOTAL:			<u>4.5 AF/yr</u>	

For Ecology Use	APPLICATION NO: <u>S4-33038</u>	SEPA: Exempt/Not Exempt
Fee Paid: <u>\$50.00</u>	Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned: _____	By: _____	Priority Date: <u>09-12-2011</u> By: _____
		WRIA: <u>45-Chelan</u>

Short Term/Temporary Water UseIs this a request for a short term project (less than four months and non-recurring)? ☒ YES ☐ NOIs this request for a temporary permit? ☒ YES ☐ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: 8 / 1 / 2011 TO: 11 / 15 / 2012**Section 3. POINT OF DIVERSION OR WITHDRAWAL**

(Complete A or B, and C below)

A.) If Surface Water Source				B.) If Ground Water Source			
<input type="checkbox"/> Spring <input checked="" type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake				<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Other: _____				Well diameter & depth: _____			
Source Name: <u>Chiwakum Creek</u>				Number of proposed points of withdrawal: _____			
Tributary to: <u>Wenatchee River</u>				Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Number of proposed diversion points: <u>1</u>				If available, attach Water Well Report and pump test.			
Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Well Tag ID No. _____			
C.) Point of Diversion/Withdrawal - Legal Description							
Parcel No.	1/4	1/4	Section	Township	Range	County	
<u>25105440050</u>	<u>SW</u>	<u>SWNW</u>	<u>04</u>	<u>25</u>	<u>17</u>	<u>CHELAN</u>	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:							
_____ Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West)							
from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.							
Parcel No.	1/4	1/4	Section	Township	Range	County	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:							
_____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West)							
from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.							

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NOIf no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide the owner name(s), address, and phone number:

William Thomson 18001 Winter Road LEAVENWORTH 98826
509-763-9052**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

<u>Water will be used for the construction of</u> <u>the Wenatchee WSOOT ROAD project on Highway 2.</u>						
1/4	1/4	Section	Twp.	Range	County	Parcel No.
<u>SW</u>	<u>SWNW</u>	<u>04</u>	<u>25</u>	<u>17</u>	<u>Chelan</u>	<u>251705440050</u>

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____ By _____ WRIA: _____

This parcel is in Sec 5 & B) owned by WASH STATE

They may mean Parcel # 251704000050 since it is in Sec. 4

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☐ NO

N/A

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Propose to obtain water from an existing headbox structure and pump the water into a water truck which will be used and placed for dust control and compaction for WSDOT road projects

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☐ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: 12 miles west of Leavenworth
on Highway 2. Turn left on Chwaxum Creek
road. Approximately 3/4 to 1 mile along Chwaxum
Creek Road along creek.

Site Address: N/A

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Jason Gaul
Print Name
(Applicant or authorized representative)

[Signature]
Signature

8/1/2011
Date

William Thompson
Print Name
(Legal Owner or Part Owner Place of Use)

[Signature]
Signature

8-26-2011
Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

